

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

HC CORR.

Application : <u>09/724839</u>	Examiner : <u>Wilson</u> <u>Beauschiel</u>	GAU : <u>2113</u>
From: <u>DUP</u>	Location: IDC <u>FMF</u> FDC	Date: <u>6/8/05</u>

Tracking #:                      Week Date:                     

DOC CODE	DOC DATE	MISCELLANEOUS
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[RUSH] MESSAGE: There is no fee stamp, please charge the large entity fee account number 02-26666.

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[XRUSH] RESPONSE: Large Entity has been changed

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Complete and send this form together with applicable fee(s), to: Mail

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7590

08/18/2004

JAMES C. SCHELLER, JR.  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Connie Thayer (Depositor's name)  
Connie Thayer (Signature)  
November 17, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/724,839	11/28/2000	Nils Endrie Schubert	BRIDP003	6149

TITLE OF INVENTION: DESIGN INSTRUMENTATION CIRCUITRY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WILSON, YOLANDA L	2113	714-034000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. BLAKELY, SOKOLOFF,

TAYLOR &amp; ZAFMAN LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Synplicity, Inc.

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies ten (10)

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

James C. Scheller, Jr. (Date) 11/17/2004

Reg. No. 31,195

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01 50-1561  
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